

Periodic Physical/ Inmates Returning From GPS Nursing Interventions - Female

MONITORING OF PERIODIC PHYSICALS USES A COLLABORATIVE MULTIDISCIPLINARY TEAM APPROACH. PERIODIC PHYSICAL NURSING INTERVENTIONS ARE APPROVED BY THE CHIEF MEDICAL OFFICER FOR NURSING TO PERFORM IN ACCORDANCE WITH THE PERIODIC PHYSICAL EXAMINATION AND LABORATORY REQUIREMENTS. THESE APPROVED PERIODIC PHYSICAL NURSING INTERVENTIONS DO NOT REQUIRE A HEALTH CARE PROVIDERS ORDER. THE PERIODIC PHYSICAL NURSING INTERVENTIONS ARE BASED UPON NATIONALLY RECOGNIZED EVIDENCE-BASED GUIDELINES AND RECOMMENDATIONS.

Problems: _____

Health Care Provider: _____

Chronic Clinic labs required: Yes No If "Yes" complete the "Chronic Clinic Nursing Interventions".

Periodic Physical Laboratory Requirements - Female:

Ages 17-20	Ages 21 - 39	Ages 40 - 49	Ages 50-64	Ages 65 & older
None	None	<input type="checkbox"/> Fasting Lipid Profile - Every 1-3 years <input type="checkbox"/> CMP – Every 1-3 years <input type="checkbox"/> Hepatitis C Profile (CPL 162) – Baseline only	<input type="checkbox"/> Fasting Lipid Profile - Every 1-3 years. <input type="checkbox"/> CMP – Annually <input type="checkbox"/> Hepatitis C Profile (CPL 162) – Baseline only if not previously done <input type="checkbox"/> Fecal occult blood testing X 3 beginning age 50 –Annually until age 75, then by providers discretion.	<input type="checkbox"/> Fasting Lipid Profile - Annually <input type="checkbox"/> CMP – Every 3 years <input type="checkbox"/> Fecal occult blood testing X 3 – Annually until age 75, then by providers discretion.

Inmates Returning From GPS Laboratory Requirements – Female:

Initial PE - 39 & Younger	Initial PE - Ages 40-49 yrs.	Initial PE - Ages 50-64 yrs.	Initial PE - Ages 65 and older
<input type="checkbox"/> Tuberculin skin test <input type="checkbox"/> HIV testing - Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). <input type="checkbox"/> Rapid Plasma Reagin (Syphilis) <input type="checkbox"/> CMP <input type="checkbox"/> Urine pregnancy test (if clinically indicated)	<input type="checkbox"/> Tuberculin skin test <input type="checkbox"/> HIV testing - Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). <input type="checkbox"/> Rapid Plasma Reagin (Syphilis) <input type="checkbox"/> CMP <input type="checkbox"/> Urine pregnancy test (if clinically indicated)	<input type="checkbox"/> Tuberculin skin test <input type="checkbox"/> HIV testing - Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). <input type="checkbox"/> Rapid Plasma Reagin (Syphilis) <input type="checkbox"/> CMP <input type="checkbox"/> Urine pregnancy test (if clinically indicated)	<input type="checkbox"/> Tuberculin skin test <input type="checkbox"/> HIV testing - Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). <input type="checkbox"/> Rapid Plasma Reagin (Syphilis) <input type="checkbox"/> CMP

Interventions:

- Inmate identified and procedure explained.
- Hands washed/sanitized and gloves applied.
- Inmate arm positioned, tourniquet applied, puncture site identified and cleansed.
- Venipuncture site: _____ Needle gauge size: 20 21 22 23 24 25 Butterfly Huber
- Number of attempts: 1 2 Other: _____
- Unable to obtain. Reason: _____ Notified: _____
- Pressure applied, no bleeding, swelling or redness observed.
- Applied: (check all that apply) Band-Aid Gauze Cotton ball Tape Coban
- Sharps disposed into biohazardous container.
- FOBT issued x 3 with instructions.
- EKG performed. Results placed in EHR. Co-signed to provider.
- Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

DOC #